



Public Health Bulletin

A Publication of the Public Health Department, Jess Montoya., Director • www.slopublichealth.org
2191 Johnson Avenue • P.O. Box 1489 • San Luis Obispo, CA 93406 • (805) 781-5500 • (805) 781-5543 fax

Rapid HIV Testing Now Available Countywide

San Luis Obispo County Public Health Department is offering "Rapid HIV Testing." Clients receive their test results in approximately 20 minutes.

One of the primary benefits of the rapid test is that clients do not have to make a second appointment for their results. "No shows" for test results, especially among high-risk clients, has been an ongoing barrier to effective HIV testing and counseling.

The free, rapid test is now offered at all testing sites, including mobile van sites. This test is proven very popular with clients. It has an accuracy rate greater than 99% and the test sample requires only a simple oral swab.

Testing is available by appointment and/or walk-in at the following locations. For more information, call 781-5540.

Grover Beach

286 South 16th Street
473-7050

Monday 8 a.m. - 12 noon
Thursday 1 - 5 p.m.

Morro Bay

760 Morro Bay Boulevard
772-6380

Tuesday 1 - 5 p.m.

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Gregory Thomas, M.D., M.P.H.



Providers Required to Report Diseases Independent from Labs

Medical providers are required to report all diseases listed on the reverse of the Confidential Morbidity Report (CMR), apart from whether the laboratory reports the disease or not.

Medical providers are responsible for reporting over 80 diseases in California per Title 17, California Code of Regulations, Section 2500. Laboratories are required to report 25 diseases per Title 17.

Problems may arise when a provider assumes the laboratory has reported the disease and the laboratory has not reported due to (1) omission or (2) it is not a lab reporting requirement. This results in no record of the case ever reported to the Public Health Department.

The Public Health Department would like to make reporting as easy as possible for laboratories and providers. The Confidential Morbidity Report form is included in this bulletin and is also available on the Public Health web site, at

www.slopublichealth.org/contact/forms.htm. There is also a link at the top of the Public Health web site, www.slopublichealth.org.

Please feel free to copy the enclosed CMR or we will be happy to send providers and laboratories a tablet of blank forms to complete (per the reporting requirements listed on the back of the CMR) and send to the Public Health Department via telephone, mail or fax to 781-5543. We will be glad to assist with any reporting questions.

In the fall, the California State Department of Health Services will be implementing a new, web-based disease reporting system, WEB CMR. This reporting system will allow providers to report diseases electronically, if they choose. Once this system is up and running, we will be glad to arrange provider site visits and training using the system. If you are interested in participating in this new system, please contact us for more information.

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Mandatory Disease Reporting (cont.)

Until then, please continue to help us monitor the health of our community by reporting those diseases listed on the reverse of the CMR. Through accurate and timely reporting, we are able to portray disease patterns occurring in the community correctly so investigation, control and prevention measures can be applied efficiently and effectively.

Gregory Thomas, M.D., M.P.H.
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781-5520

Ann McDowell, M.P.H.
Epidemiologist
788-2095

Janelle Gorman, M.S.N.
Communicable Disease Program
Manager
781-5506

Rapid Testing (cont.)

Paso Robles

723 Walnut Drive
237-3050

Wednesday 8 a.m. - 12 noon

Pirate's Cove

Friday 2 - 4 p.m.
Sunday 2 - 4 p.m.

San Luis Obispo

2191 Johnson Avenue
781-5540

Monday 1:30 - 5 p.m.
Wednesday 9 a.m. - 12 noon
3 - 7 p.m.
1st Saturday of the month
9 a.m. - 12 noon

Immunization Program Gets Grant to Continue Registry

The Immunization Program has received a Department of Health Services, Immunization Branch three-year grant to provide collaborative supplemental efforts to immunize high-risk infants and toddlers. The award is intended to support effective and innovative methods to increase the up-to-date immunization status of California children. We are especially proud as a county with a relatively small population, to be recognized for our innovative ideas to increase immunization rates and keep our children healthy and protected.

The award will allow us to continue our current efforts to promote the Central Coast Immunization Registry (CCIR) both with existing and new community partners.

The CCIR has been in existence and supported by state funding since 2002. In San Luis Obispo County, 33 sites are using the registry to update immunization records and print official immunization records (blue cards), including CHCCCs, Public Health clinics, private physicians, and public and private schools.

Immunization registries are endorsed by the American Academy of Pediatrics, California Academy of Family Physicians, California Medical Association, and California School Nurses Organization and are part of the National Healthy People objectives for 2010.

Immunization registries help health care providers and families by:

- Combining all the shots received into one easy-to-retrieve record
- Helping to prevent duplicate shots due to a lost immunization card
- Sending a reminder postcard when a child is due or late for a shot
- Printing an up-to-date copy of a child's official immunization record

To learn more about the Central Coast Immunization Registry, call Joan Duffy at 788-2718. To participate in quarterly Immunization Coalition meetings, call Debbie Jo Trinidad at 788-2043.

The Immunization program will also be offering a CDC satellite re-broadcast of Immunization Update 2005 on Thursday, July 28 from 9:00 - 11:30 a.m. at the San Luis Obispo County Agriculture Auditorium, 2156 Sierra Way in San Luis Obispo. This is a great educational opportunity for nurses and medical assistants who administer adult and pediatric vaccines. If you are interested in attending, call Kelly Lane at 781-5722.

Why Tobacco Use is a Public Health Priority

Tobacco is the second major cause of death in the world. It is currently responsible for the death of one in ten adults worldwide (about 5 million deaths each year). If current smoking patterns continue, it will cause some 10 million deaths each year by 2020. Half the people that smoke today – that is about 650 million people – will eventually be killed by tobacco.

Tobacco is the fourth most common risk factor for disease worldwide. The economic costs of tobacco use are equally devastating. In addition to the high public health costs of treating tobacco-caused diseases, tobacco kills people at the height of their productivity, depriving families of breadwinners and nations of a healthy workforce. Tobacco users are also less productive while they are alive due to increased sickness. A 1994 report estimated that the use of tobacco resulted in an annual global net loss of \$200 billion, with a third of this loss being in developing countries.

Tobacco and poverty are inextricably linked. Many studies have shown that in the poorest households in some low-income countries as much as 10% of total household expenditure is on tobacco. This means that these families have less money to spend on basic items such as food, education and health care. In addition to its direct health effects, tobacco leads to malnutrition, increased health care costs and premature death. It also contributes to a higher illiteracy rate, since money that could have been used for education is spent on tobacco instead. Tobacco's role in exacerbating poverty has been largely ignored by researchers in both fields.

Experience has shown that there are many cost-effective tobacco control measures that can be used in different settings and that can have a significant impact on tobacco consumption. The most cost-effective strategies are population-wide public policies, like bans on direct and indirect tobacco advertising, tobacco tax and price increases, smoke-free environments in all public and workplaces, and large clear graphic health messages on tobacco packaging. All these measures are discussed on the provisions of the WHO Framework Convention on Tobacco Control.

Tobacco Free Initiative
WHO/Noncommunicable Disease and Mental Health
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1211 Geneva 27
Switzerland
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Fax: +41 22 791 4832
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Physicians Share Secondhand Smoke Horror Stories

When we learn that tobacco smoke pollution-secondhand tobacco smoke-kills more than 60,000 Americans each year, many people think of it as just another statistic.

When the Centers For Disease Control and Prevention says that inhaling drifting tobacco smoke in a restaurant for as little as thirty minutes can trigger a deadly heart attack, we may think it can't happen to us.

So here, to dramatize the very real and personal dangers we all face from environmental tobacco smoke, are some statements from doctors who know first hand what smoke can do.

"I remember a particular patient I helped look after two years ago, who was dying from lung cancer. He was a life-long nonsmoker who had spent some 30 years in an office with a smoker."

"Yesterday I talked to a 50 year old man who has incurable lung cancer, not through smoking himself, but from being exposed to smoke in the club where he has worked for 30 years. He has a wife and five children."

"I have recently had to endure the dreadful experience of my 41-year-old brother being diagnosed with lung cancer, which has spread to his brain. He has NEVER smoked, ever. But, he has been exposed to other people's secondhand smoke when socializing in public places."

San Luis Obispo County Reported Cases of Selected Communicable Diseases - Summer 2005

Disease	Jan.-Mar.	April	May	June	Total 2005	Total 2004
AIDS	7*	0	1	0	8	9*
Amebiasis	1	1	0	0	2	1
Brucellosis	1	0	0	1	2	1
Campylobacter	20	2	4	2	28	43
Chlamydia	120	54	39	54	267	474
Coccidioidomycosis	33	7	4	3	47	76
Cryptosporidiosis	3	0	0	0	3	53
E. Coli 0157:H7	1	1	0	1	3	2
Giardia	8	1	3	1	13	11
PPNG	0	0	0	0	0	0
Gonorrhea	13	3	1	5	22	37
Hepatitis A	2	1	0	1	4	4
Hepatitis B	16	3	2	8	29	41
Hepatitis C Acute	1	0	0	0	1	0
Hepatitis C Chronic	128	17	63	55	263	402
Hepatitis, Unspecified	0	0	0	0	0	0
Listeriosis	0	0	0	0	0	2
Measles (Rubeola)	0	0	0	0	0	0
Meningitis - Total	9	1	2	2	14	38
Meningitis - Viral	7	1	0	2	10	31
Meningitis, H-Flu	0	0	0	0	0	0
Meningococcal Disease	0	0	0	0	0	0
Pertussis	2	2	0	0	4	0
Rubella	0	0	0	0	0	0
Salmonellosis	5	2	1	1	9	25
Shigellosis	0	0	0	0	0	2
Syphilis - Total	7	1	3	0	11	12
Tuberculosis	2	0	0	1	3	4*
West Nile Fever	0	0	0	0	0	0
W. Nile Virus Neuroinvasive	0	0	0	0	0	1

*Represents late reporting



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